

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>		5-25-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>T.A</i>	<i>DCM</i>	06/08/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/24/02
2	✓	✓	5/24/02
3	✓	✓	5/24/02
4	✓	✓	5/24/02
5	✓	✓	5/24/02
6	✓	✓	5/24/02
7	✓	✓	5/24/02
8	✓	✓	5/24/02
9	✓	✓	5/24/02
10	✓	✓	5/24/02
11	✓	✓	5/24/02
12	✓	✓	5/24/02
13	✓	✓	5/24/02
14	✓	✓	5/24/02
15	✓	✓	5/24/02
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43	✓	✓	5/24/02
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45	✓	✓	5/24/02
46	✓	✓	5/24/02
47	✓	✓	5/24/02
48	✓	✓	5/24/02
49	✓	✓	5/24/02
50	✓	✓	5/24/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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